

MARG. RESERVED FOR BINDING  
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 STANDARD CERTIFICATE OF BIRTH

State File No. 95  
 Registered No. 226

1. PLACE OF BIRTH

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Selia Colmenero

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child F. To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes. 7. Date of birth 9-8-25  
 Month Day Year

8. FATHER  
 Full name Miguel Colmenero  
 9. Residence (Usual place of abode) Globe  
 If non-resident, give place and state. Arizona  
 10. Color or race Mex.  
 11. Age at last birthday 22 (Years)

14. MOTHER  
 Full maiden name Maxine Garcia  
 15. Residence (Usual place of abode) Globe  
 If non-resident, give place and state. Arizona  
 16. Color or race Mex.  
 17. Age at last birthday 18 (Years)

12. Birthplace (city or place) \_\_\_\_\_  
 (State or country) Mexico  
 13. Occupation  
 Nature of industry Miner

18. Birthplace (city or place) Silver City  
 (State or country) \_\_\_\_\_  
 19. Occupation  
 Nature of industry Housewife

20. Number of children of this mother \_\_\_\_\_  
 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9:30 A. m. on the date above stated  
 (Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. W. Adams  
Globe, Arizona  
 (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_  
2.36-908-471  
 Registrar

Address \_\_\_\_\_  
 Filed 9/30, 1925 W. W. West  
 Registrar